

APPLICATION FOR DRIVER IMPROVEMENT CLINIC LICENSE

Purpose: Use this form to apply for a driver improvement clinic license.

Instructions: Use ink or type to complete this form.

TYPE OF APPLICATION (check one) <input type="checkbox"/> Original (first-time application) <input type="checkbox"/> Renewal	FEE <input type="checkbox"/> \$100 - One Year License
Clinic will provide in-person instruction for: (specify)	
Passenger <input type="checkbox"/> DMV-directed, court-directed, voluntary students Computer based <input type="checkbox"/> DMV-directed, court-directed, voluntary students Drivers <input type="checkbox"/> Company employees - to provide training/awareness Drivers <input type="checkbox"/> Company employees - to provide training/awareness Commercial <input type="checkbox"/> DMV-directed, court-directed, voluntary students Drivers <input type="checkbox"/> Company employees - to provide training/awareness <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	

IDENTIFYING INFORMATION			
FULL NAME OF CLINIC		TELEPHONE NUMBER ()	
WEB ADDRESS		DO YOU WISH TO DISPLAY ON DMV LISTING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MAILING ADDRESS	CITY	STATE	ZIP CODE
BUSINESS ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)	CITY	STATE	ZIP CODE
FULL NAME OF OWNER: LAST FIRST MI	CUSTOMER NUMBER	HOME TELEPHONE NUMBER ()	
HOME ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		FAX NUMBER (IF AVAILABLE) ()	
FULL NAME OF MANAGER (IF APPLICABLE) LAST FIRST MI	CUSTOMER NUMBER	TELEPHONE NUMBER ()	
EMAIL ADDRESS (IF APPLICABLE)		FAX NUMBER (IF AVAILABLE) ()	

BUSINESS INFORMATION			
OFFICE HOURS	CLINIC OPERATION HOURS	DAYS OF THE WEEK	
FEDERAL IDENTIFICATION NUMBER/CUSTOMER NUMBER	BUSINESS LICENSE NUMBER (ATTACH COPY FOR EACH SITE)	LOCALITY	NUMBER OF INSTRUCTORS
GENERAL COURSE CURRICULUM (SPECIFY VENDOR; ATTACH THE VENDOR AGREEMENT)			EXPIRATION DATE
COMMERCIAL COURSE CURRICULUM (SPECIFY VENDOR; ATTACH THE VENDOR AGREEMENT)			EXPIRATION DATE

INSTRUCTOR INFORMATION				DMV USE ONLY		
NAME: LAST FIRST MI	CUSTOMER NUMBER	EXPIRATION DATE		DATE ADDED	DATE DELETED	FEE PAID

DMV USE ONLY			
CLERK STAMP	VERIFICATION OF: <input type="checkbox"/> FEE (S) <input type="checkbox"/> LOCAL BUSINESS LICENSE(S), ZONING <input type="checkbox"/> VENDOR AGREEMENT EXPIRATION DATE: _____ <input type="checkbox"/> EXTRANET AGREEMENT (IF APPLICABLE)	REMARKS <input type="checkbox"/> APPROVED DATE: _____ <input type="checkbox"/> DENIED DATE: _____	CLINIC CODE NUMBER GENERAL CLINIC CODE: _____ COMMERCIAL CLINIC CODE: _____

CLINIC LOCATION(S)		DMV USE ONLY				
Attach the following for each location: ▪ Copy of contract or agreement with expiration date authorizing the use of the facility to conduct driver improvement clinic(s) ▪ Business license ▪ \$25 - one year \$50 - two year (Each location is allowed one center at no cost. For each additional location, a \$25 annual fee is charged per location.)		Clinic Code	No Fee	Fee Paid	Date Added	Date Deleted
		NAME OF FACILITY	ADDRESS			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
(Attach a separate sheet if additional space is needed)						

Certification – All Applicants Must Complete and Sign

I/we hereby make application for a driver improvement clinic and certify that all information contained on this application is true. I/we understand that if licensed I/we are subject to the current statutes pertaining to operation of the driver improvement clinic.

NAME (PRINT OR TYPE)	SIGNATURE	DATE
NAME (PRINT OR TYPE)	SIGNATURE	DATE

DRIVER IMPROVEMENT CLINIC AGREEMENT

The owner, or designated representative of the driver improvement clinic, upon submission of this signed application, agrees to meet the following conditions and requirements:

Business Office Requirements

1. Satisfy all local business license and zoning regulations and comply with federal, state and local health, fire and building code requirements.
2. Maintain office space in the Commonwealth of Virginia devoted exclusively to the clinic business office and for storage of all records required by DMV.
3. Post office hours of operation.
4. Maintain filing space and a working telephone listed in the name of the clinic.
5. Provide a desk, chairs, filing space, restroom facilities and a working telephone listed in the name of the clinic.
6. Maintain a record of each student attending instruction for the past three years.
7. Maintain financial records of clinics conducted for the past three years.
8. Submit the application along with the vendor agreement and instructor application(s). The instructor's license period will coincide with the expiration of the respective school license.
9. Pay application fee.
10. The sign displaying DMV's toll-free number must be posted in a conspicuous location inside the classroom during instructional periods.

Clinic Location Requirements

1. All clinic locations must be approved prior to use.
2. Pay fees for each clinic location.
3. Satisfy all local business license and zoning regulations and comply with federal, state and local health, fire and building code requirements.
4. Facility must meet ADA requirements.
5. Display the DMV clinic license, clinic fees and hours of operation in a conspicuous location.
6. Maintain a space devoted exclusively to classroom instruction.
7. Provide DMV with verification authorizing use of a facility to conduct classroom instruction throughout license tenure and maintain a copy of the verification in the clinic's business files.
8. Verify each student's identification using a picture identification issued by a government agency.
9. Maintain clean, accessible restroom facilities.
10. Maintain adequate interior and exterior lighting and adequate parking facilities.
11. Provide a minimum of 10 square feet per student and work surfaces for students and make provisions for handicapped students.
12. Provide closed-captioned video instruction for the hearing impaired. The video must be provided by the curriculum vendor upon request.
13. The sign displaying DMV's toll-free number must be posted in a conspicuous location inside the classroom during instructional periods.

Computer-Based Requirements (If applicable)

1. Facility must meet ADA requirements.
2. Provide DMV with verification authorizing use of a facility to conduct classroom instruction throughout license tenure and maintain a copy of the verification in the clinic's business files.
3. Verify each student's identification using a picture identification issued by a government agency.
4. Maintain clean, accessible restroom facilities.
5. Maintain adequate interior and exterior lighting and adequate parking facilities.
6. Provide a minimum of 10 square feet per student and work surfaces for students and make provisions for handicapped students.

Instructor Requirements

1. Submit an application for each instructor.
2. Pay DMV license fee.
3. Ensure instructors hold a valid Virginia driver's license. Instructor driving records should reflect no more than 6 demerit points.
4. Ensure that all instructors associated with the clinic are properly certified by curriculum vendor and licensed by DMV.

Fees and Notice Requirements

1. Pay DMV the \$10 processing fee for each court-directed, DMV-directed, insurance and volunteer student.
2. Report clinic attendance to DMV within five days of clinic completion.
If participating in the extranet program, clinic must report clinic attendance to DMV within 24 hours of clinic completion and pay the required processing fee for each student. Extranet payments must be made using a major credit card.
3. Submission of the clinic roster (DI 17) and electronic roster certifies that all information presented is true and valid.

Curriculum Requirements

1. Maintain certification with a DMV-approved curriculum vendor to obtain instructional materials.
2. Ensure that the vendor properly certifies all instructors associated with the clinic and provides annual in-service training.
3. Maintain a sufficient supply of student workbooks, instructor guides and other teaching aids.
4. Follow the curriculum and properly utilize the training materials provided by a DMV-approved curriculum vendor.
5. Conduct a full eight-hour course of classroom instruction, including administration of the final exam. Meals and other breaks will not count towards the eight-hour requirement.
6. Permit students to take the final exam only once each calendar day.
7. Final exams shall consist of 50 subject matter-questions
8. Issue the appropriate Certificate of Completion to each student successfully completing the course. Students must answer at least 80% of the questions correctly to successfully complete the course.

Advertising/Notice to DMV Requirements

1. Use the words "Licensed by DMV" as the sole reference to the relationship between the driver improvement clinic and DMV. No clinic should use the DMV logo on any form of advertising or lead the public to believe that they are a state-run organization.
2. Provide written notice to DMV within thirty working days if there are address, instructor, ownership, license or other changes that will affect the clinic's records. In the event the clinic provider license terminates for any reason, the clinic provider should return to DMV the license to operate and any unused clinic rosters (DI 17). Extranet users must return DMV-issued equipment or pay a replacement fee.

Audit Requirements

1. Allow DMV to conduct audits with or without prior notice. At least one audit will be conducted per year.
2. All clinic records must be open and available for inspection by any officer or employee of DMV or any law enforcement officer during normal business hours. DMV may secure and remove these records for the purpose of conducting audits or investigations.
3. Respond to and/or correct deficiencies/violations noted on annual or random audits within 30 working days as directed unless an exception is granted by DMV.

By signing this document, I certify that I am an owner or designated representative of the clinic and that I am authorized to enter into binding agreements on behalf of the driver improvement clinic. I agree to abide by the terms and conditions specified above and the current statutes. This agreement shall become effective upon signing and shall expire on the date indicated below. Either party may terminate this agreement by giving written notice within 30 working days. I understand that failure to comply with any of the terms of this agreement or the submission of false or inaccurate information pursuant to this agreement or application may result in suspension, cancellation or revocation of the clinic's license.

Driver Improvement Clinic

Department of Motor Vehicles

PRINT OR TYPE NAME		PRINT OR TYPE NAME	
TITLE		TITLE	
SIGNATURE	DATE	SIGNATURE	DATE

DMV USE ONLY

Agreement Effective Date _____

Agreement Expiration Date _____